Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

NATIONAL HEALTHCARE CORP

Form 4

November 03, 2015

November 03	, 2013										
FORM	4 INITED S	татро	CECUDI	TTEC AN	JD EVC	HANCE (COMMISSION	νт.	APPROVAL		
	UNITEDS	IAILS		nington, l				OMB Number:	3235-0287		
Check this if no longe	ar.							Expires:	January 31,		
subject to Section 16 Form 4 or	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Estimated average burden hours per response 0.5		
Form 5 obligation may continue <i>See</i> Instruction 1(b).	Section 17(a) of the l	Public Uti	lity Holdi	ng Com	_	ge Act of 1934, f 1935 or Section 40	·			
(Print or Type R	esponses)										
1. Name and AcCOGGIN D	erson *	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
			NATIONAL HEALTHCARE CORP [NHC]				(Check all applicable)				
(Last)				3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Selfow) Other (give title Other (specify below)			
1942 DIL10	N-MANKIN RO	AD	11/03/20	15			SVP-Anc.	Serv & Corp	Relations		
MURFREES	(Street) BORO, TN 3712	7	4. If Amenda Filed(Month		e Original		6. Individual or Applicable Line) _X_ Form filed by Form filed by	One Reporting	g Person		
(City)		Zip)					Person				
							quired, Disposed		-		
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			Securities C Beneficially F Owned I Following C Reported (Transaction(s) (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount		(Instr. 3 and 4)				
Shares of Common Stock in my name, spouse, and partnership							334,793	D			
Shares of Common Stock in							1,937	I	Trustee of Estate Trust		
Trust											
Shares of Common							19,517	I	Family Partnership		

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Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Expiration Date Exercisable a Expiration Date (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e	7. Title and Amount Underlying Securitie (Instr. 3 and 4)		
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Option to purchase Common Stock	\$ 46.69						12/04/2012	02/29/2016	Common Stock	23,00
Shares of Series A Convertible Preferred Stock	(1)	11/03/2015		J		63,181 (2)	11/01/2007	11/03/2015	Common Stock	15,29
Shares of Series A Convertible Preferred Stock held in Trust	<u>(1)</u>	11/03/2015		J		3,500 (2)	11/01/2007	11/03/2015	Common Stock	847

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
COGGIN D GERALD							
1942 DILTON-MANKIN ROAD			SVP-Anc. Serv & Corp Relations				
MURFREESBORO, TN 37127							

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Signatures

/s/ D. Gerald Coggin 11/03/2015

**Signature of Date
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Convertible anytime at a ratio of 0.24204 common shares per 1.0 preferred share.
- (2) The reported securities were called for redemption by the issuer at a price equal to \$15.79 per share.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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